## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/17/2010</u>	Address:	
Case #:	<u>35F3060</u>		
County:	<u>Gibson</u>		
Operation Operation	check one) conal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (ed  ☐ Residence ☐ Outbuilding ☐ Vehicle	heck all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply) Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium):   Anhydrous Ammonia: Vehicle   Hydrochloric Acid Gas Generator(s): Burn pile   Corrosive Acid: out building   Corrosive Base:   Other (item and location):			
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrine☐ Retail/Me☐ Other:	
Health Department of the Health Department of	ment: Oakland City artment: Gibson County ction Service: N/A information regarding this methamphog Officer: Doug Humphrey Phore	Fax: 812-74 Fax: 812-38 Fax: N/A etamine laboratory, cone 812-867-2079	<u>36-8027</u>

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.